

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

10800

Registration District No. 252

Primary Registration District No. 4-351 4/52

State File No.

Registrar's No.

56

1. PLACE OF DEATH:

- (a) County Clay
(b) City or town Jamesport
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

- (d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

8. (a) PRINT FULL NAME CLINTON LESTER O'DELL

3. (b) If veteran, name war. 8. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced

6. (b) Name of husband or wife 6. (c) Age of husband or wife If alive years

7. Birth date of deceased August 5 1939
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
7 1 hr. min.

9. Birthplace Jamesport Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business

12. Name Gordon O'Dell D.
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Dorothy Wood
15. Birthplace Jamesport Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. W. Wood O'Dell
(b) Address Jamesport Mo.

17. (a) Jamesport Mo. (b) Date thereof Mar 8 1940
(Burial, cremation or removal) (Month) (Day) (Year)

- (c) Place: burial or cremation Masonic Cemetery

18. (a) Signature of funeral director

- (b) Address 224

19. (a) March 7-40 (b) Nella Cochran
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Clay

- (c) City or town Jamesport
(If outside city or town limits, write "RURAL")

- (d) Street No. (If rural, give location)

- (e) If foreign born, how long in U. S. A. March 6 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1940 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb. 25
1940 to March 6, 19 40

- that I last saw him alive on March 6, 19 40
and that death occurred on the date and hour stated above.

- Immediate cause of death Broncho-Pneumonia Duration

- Due to Influenza

- Due to

- Other conditions (Include pregnancy within 3 months of death)

- Major findings: Of operations

- Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- While at work? (Specify type of place) (e) Means of injury

23. Signature R. V. Thompson (M. D. or other)
Address Jamesport, Mo. Date signed

District Health Officer No. 11,
District File Number 440-425-
Date Filed APR 2 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.